

Weight Loss Class Reimbursement
FY2004



MEMBER INFORMATION			
NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER - -	BIRTHDATE (mm/dd/yyyy) / /	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male
HOME ADDRESS	CITY / STATE / ZIP	HOME PHONE ()	
EMPLOYEE INFORMATION			
EMPLOYER/DEPARTMENT (Please do not abbreviate)		DIVISION	
WORK ADDRESS	CITY / STATE / ZIP	WORK PHONE ()	
SPOUSE INFORMATION			
EMPLOYEE'S SOCIAL SECURITY NUMBER - -			
OTHER INFORMATION			
E-MAIL ADDRESS		COUNTY	
DID YOU ATTEND HEALTHY UTAH? <input type="checkbox"/> Yes <input type="checkbox"/> No	TESTING DATE	STATUS <input type="checkbox"/> Primary Subscriber <input type="checkbox"/> Spouse	

INSTRUCTOR/CLASS INFORMATION	
CLASS PROVIDED BY	
CLASS FEE \$	AMOUNT FOR REIMBURSEMENT \$ (PEHP reimburses 1/2 the cost of a weight loss class, up to \$40)
START DATE	LENGTH OF CLASS <input type="checkbox"/> 8 weeks <input type="checkbox"/> 10 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> OTHER:

INSTRUCTOR TO COMPLETE			
HEIGHT feet inches	STARTING WEIGHT pounds	ENDING WEIGHT pounds	TOTAL POUNDS LOST pounds
<p><i>I verify that the above named participant attended the weight loss class listed on this form and met the following requirements:</i></p> <ol style="list-style-type: none"> 1. Body Mass Index (BMI) must be 25 or greater. 2. Attended 75% of the classes (which meet approved class criteria for a weight management class - on the next page) 3. Displays a healthy weight loss, which is an average of 1-2 pounds per week. 4. Have instructor complete weight verification and sign form. 			

INSTRUCTOR'S SIGNATURE (AT END OF CLASS)		
RETURN THIS FORM AT THE END OF THE ENTIRE COURSE TO Healthy Utah, P. O. Box 142107, Salt Lake City, Utah 84114-2107		
PAYMENT AUTHORIZATION	DATE	COMPUTER ENTRY

Criteria for Evaluating Weight Management Programs

(Based on the Institute of Medicine's Plan)

1. A program should provide adequate calories. If a program restricts calories to less than 1200 calories, Healthy Utah will not accept it.
 2. The program should not exclude major food groups from the diet.
 3. The program should provide the individual attention in addition to the group education. An example of this is that a program should provide a calorie level that is based on the individual's needs.
 4. A program should not promote or be based on unhealthy physical states. Example: ketosis— a state in which the incomplete breakdown of fat for energy occurs.
 5. A program should either be taught by or created and overseen by a health professional.
 6. The program should include behavioral modification education.
 7. The program must not promote the use of products they sell, for the purpose of weight loss.
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Examples of Healthy Utah Approved Programs

- ☐ Weight Watchers
 - ☐ American Heart Association's "Slim for Life"
 - ☐ Hospital based and/or approved weight management programs. If the program uses very low calorie diets in a hospital setting, the individual should be monitored by a physician or medical team.
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*Note: Healthy Utah cannot approve for reimbursement “Do-it-Yourself” weight loss programs.

If you have questions regarding a program for weight management and its approval for reimbursement, please email or call Kelly Miller, RD.

E-mail: kellymiller@utah.gov

Phone: (801) 538-7055